

SCC eFile

**2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

212524989

1.) CORPORATION NAME:

COLLEGE PRO PAINTERS (U.S.) LTD.

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1521006**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 COMMONWEALTH AVE, STE 202

CITY/ST/ZIP: WOBURN, MA 01801

7.) DIRECTORS AND PRINCIPAL OFFICERS:

All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	DAVID M RYCHLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	555 EAST BUTTERFIELD RD		
CITY/ST/ZIP/CO:	LOMBARD, IL 60148		

NAME:	BRIAN M MCDONOUGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASSISTANT SEC		
ADDRESS:	15 COMMONWEALTH AVENUE		
CITY/ST/ZIP/CO:	STE 202 WOBURN, MA 01801		

NAME:	ANTONIO N VALLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO/DIR		
ADDRESS:	1140 Bay Street, Suite 4000		
CITY/ST/ZIP/CO:	TORONTO, ON M5S 2B4, CA		

NAME:	APRIL BROOME	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CONTROLLER		
ADDRESS:	700 RICHMOND STREET NORTH STE 416		
CITY/ST/ZIP/CO:	LONDON ON , , FN		

NAME:	KEVIN ROY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR SEC TREAS		
ADDRESS:	1140 Bay Street, Suite 4000		
CITY/ST/ZIP/CO:	TORONTO, ON M5S 2B4, CA		

NAME:	TAKUYA DAVIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	15 Commonwealth Ave, STE 202		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		

NAME:	DAVID JOHN LEVEQUE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	15 Commonwealth Ave., STE 202		
CITY/ST/ZIP/CO:	WOBURN, MA 01801		

NAME:	CHARLES E CHASE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 GREEN TREE ROAD, STE 1003		
CITY/ST/ZIP/CO:	OAKS, PA 19456		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DAVID M RYCHLEY	DAVID M RYCHLEY, PRESIDENT	7/2/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.